

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727039

FILED  
Jan 29, 2010  
Secretary of State

**Entity Name:** FILIPINO CIVIC AND CULTURAL ASSOCIATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

10060 HIDDEN BRANCH DRIVE E.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

10060 HIDDEN BRANCH DRIVE E.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 23-7432927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FERRO, LALLY V.  
10060 HIDDEN BRANCH DR E  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BALUYOT, MARY  
Address: 4478 HANOVER PARK DR  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS  
Name: MALLARI, DITAS  
Address: 4004 SMOKE RIDGE CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT  
Name: RUEDAS, PACITA  
Address: 4231 SNOWDON LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: FERRO, LALLY V  
Address: 10060 HIDDEN BRANCH DR E  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP  
Name: FLOMEN, OLIPENDO  
Address: 12215 DIVIDING OAKS TRL  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LALLY V. FERRO

D

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date